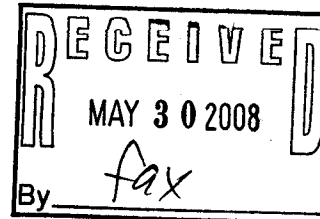


File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**



**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Jerry Kearns

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

92nd

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*Jerry Kearns*  
SIGNATURE OF PERSON FILING REPORT

319 524 1570  
TELEPHONE

May 29, 08  
DATE SIGNED

I AM FILING A May 30, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

6,079.22

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

15,177.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

21,256.22

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

9,692.27

Schedule F: Loan Repayments total (Attach Schedule F)

11,563.95

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

290.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF

\$

STATE COI

Post-it\* Fax Note

7671

Date <u>5-30-08</u>	# of pages <u>9</u>
To <u>IE+CDB</u>	From <u>J. KEARNS</u>
Co./Dept. <u>KEARNS FOR ST REP COM</u>	Phone # <u>319 524 1570</u>
Phone # <u>515-</u>	Fax # <u>319 524 8028</u>
Fax # <u>515-281-4073</u>	

each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/20/2008	ID# 8053 CK# 3075	Brotherhood of Locomotive Engineers Trainmen PAC Mezz-Standard Bldg. 1370 Ontario St Cleveland, OH 44113		\$300.00	<input checked="" type="checkbox"/>
	ID# CK#	Bernard Logsdon 411 Eicher Keokuk, IA 52632		20.00	<input type="checkbox"/>
	ID# CK#	Teresa Hoskins 2286 Danford Lane Keokuk, IA 52632		10.00	<input type="checkbox"/>
	ID# CK#	Jeanie Clark 739 Hickory Terrace Keokuk, IA 52632		5.00	<input type="checkbox"/>
5/20/2008	ID# 6139 CK# 2310	United Steel Workers <b>LSIO PAC</b> 125 NW Broadway Des Moines, IA 50313		1000.00	<input checked="" type="checkbox"/>
	ID# CK#	Janice Laue 4821 NW 86th Street, No 23 Urbandale, IA 50322		100.00	<input checked="" type="checkbox"/>
	ID# CK#	James Pope P.O. Box 638 Melcher, IA 50163		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Betty Hunter 452 Wilmers Avenue Des Moines, IA 50315		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Michael J. Mathis 1615 E. Virginia Avenue Des Moines, IA 50320		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Michael H. Harkin 31731 145th Lane Woodward, IA 50276		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1785.00

TOTAL (If last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

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**CAUTION:** Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/20/2008	ID# CK#	Marilyn and Joseph Zagnoli 4301 SW 26th Street Des Moines, IA 50321		\$200.00	<input checked="" type="checkbox"/>
	ID# CK#	Arthur Hedberg 1716 E. 31st Court Des Moines, IA 50317		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Ken Sagar 4018 E. 24th Court Des Moines, IA 50317-4113		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Max Schott 6611 University Avenue, Unit 200 Windsor Hts., IA 50311-1655		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Garth Bowen 5109 Spencer Drive SW Cedar Rapids, IA 52404-1154		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Marcia Nichols 5917 Greendale Place, #203 Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
	ID# CK#	Merlin J. Duehr, Jr. 1611 Garfield Avenue Dubuque, IA 52001-2214		100.00	<input checked="" type="checkbox"/>
5/21/2008	ID# CK#	John Sellers 426 Settler's Village Circle Cranberry Township, PA 16066		100.00	<input checked="" type="checkbox"/>
	ID# 9672 CK# 1253	Plumbers and Pipefitters Local 125, PEF 1839 16th Avenue SW Cedar Rapids, IA 52404-1755		1000.00	<input checked="" type="checkbox"/>
5/22/2008	ID# CK#	Jennifer Sherer 3019 Pinecrest Road Iowa City, IA 52245		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2000.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/22/2008	ID# CK#	Doyle Hoyer 3347 Country Club Lane Ft. Madison, IA 52627		\$150.00	<input type="checkbox"/>
	ID# CK#	John C. Shuldt 3360 213 Street Ft. Madison, IA 52627		150.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions		187.00	<input type="checkbox"/>
5/23/2008	ID# 6113 CK# 4037	AFSCME/Iowa Public Employees Council 61 People Acct 4320NW Second Avenue Des Moines, IA 50313		5000.00	<input checked="" type="checkbox"/>
5/23/2008	ID# CK#	Alan Nelson 2118 Johnson Street Rd. Keokuk, IA 52632		50.00	<input type="checkbox"/>
	ID# CK#	Kiran Khanolkar 400 North 17th St. Keokuk, IA 52632		100.00	<input type="checkbox"/>
5/24/2008	ID# CK#	James Hoffman 3550 270th Avenue Keokuk, IA 52632		2000.00	<input type="checkbox"/>
5/26/2008	ID# CK#	John Engberg 2333 Cedarwood Ridge Minnetonka, MN 55305		200.00	<input checked="" type="checkbox"/>
	ID# CK#	Mark W. Bay 20779 York St., NW Elk River, MN 55330		100.00	<input checked="" type="checkbox"/>
	ID# ? CK# 1307	Southeast Iowa UAW CAP Council 205 N. James Street Ottumwa, IA 52501		700.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 8637.00

TOTAL (if last page of this schedule)

\$

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/26/2008	ID# 6084 CK# 837	Iowa State UAW PAC Committee 680 Barclay Boulevard Lincolnshire, IL 60069		\$2000.00	<input checked="" type="checkbox"/>
	ID# 9654 CK# 1033	Iowa Letter Carriers Committee 2741 Thompson Avenue Des Moines, IA 50317-6173		200.00	<input checked="" type="checkbox"/>
	ID# CK#	Gerald Schleier 1408 Grand Avenue Keokuk, IA 52632		100.00	<input type="checkbox"/>
	ID# 9710 CK# 205	CWA Local 7110 C.O.P.E. Fund P.O. Box 1367 Dubuque, IA 52001		200.00	<input checked="" type="checkbox"/>
	ID# CK#	Patricia & Allan Zastrow 710 N 7th Street Keokuk, IA 52632		50.00	<input type="checkbox"/>
5/20/08	ID# CK#	Unitemized contributions		205.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2755.00

TOTAL (if last page of this schedule)

\$ 15177.00

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/16/08	ID# CK# 1013	Withers Broadcasting - KOKX Radio P.O. Box 427 Keokuk, IA 52632	AM-FM Radio Political Ads	\$ 2100.00
5/20/08	ID# CK# 1014	USW Local 310 125 NW Broadway Des Moines, IA 50313	Rental of Hall for Fundraiser	100.00
5/20/08	ID# CK# 1015	Keokuk Postmaster 214 South 2nd Street Keokuk, IA 52632	Postage Stamps	207.00
5/23/2008	ID# CK# 1016	Daily Gate City Newspaper 1016 Main Street Keokuk, IA 52632	Newspaper Ads	1607.44
5/23/2008	ID# CK# 1017	Lee County Auditor 933 Avenue H Ft. Madison, IA 52627	Address Labels	28.21
5/27/2008	ID# CK# 1018	Keokuk Postmaster 214 South 2nd Street Keokuk, IA 52632	Postage Stamps	621.00
5/27/08	ID# CK# 1019	Ridders Office Supply 21 South 2nd Street Keokuk, IA 52632	Paper for flyers	190.46
5/27/2008	ID# CK# 1020	Daily Gate City Newspaper 1016 Main Street Keokuk, IA 52632	Newspaper Ads	1231.95
SUB-TOTAL				\$ 6086.06
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/27/08	ID# CK# 1021	Withers Broadcasting - KOKX Radio P.O. Box 427 Keokuk, IA 52632	AM-FM Radio Political Ads	\$ 960.00
5/27/2008	ID# CK# 1022	The Hawkeye Newspaper 800 South Main Street Burlington, IA 52601	Newspaper Ads	2646.21
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3606.21
TOTAL (If last page of this schedule)				\$ 9692.27

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/3/08	Jerry Kearns (Candidate) 402 Hickory Terrace Keokuk, IA 52632	Food and drink for fundraiser	\$ 290.00
SUB-TOTAL			\$ 290.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 290.00

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



FOR INSTRUCTIONS, SEE BACK OF FORM

**RESET****COMMITTEE NAME**(Must be same as on Statement of Organization)

Kearns For State Representative Committee

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAY**☐ **CHECK THIS BOX IF  
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 1000.000**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

**TOTAL (PART I)** \$ 0**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

**TOTAL CASH REPAYMENTS (PART II)** \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 1000.00

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Page 1 of 1  
(for Schedule F)